



**EMPLOYEE CONCERNS REPORTING FORM**  
**HOTLINE NUMBER: 1-865-241-ECMS (1-865-241-3267)**  
**or 1-800-ORO-ECMS (1-800-676-3267)**

**USE THIS FORM TO REPORT SAFETY, HEALTH, AND ENVIRONMENTAL CONCERNS**  
**MAIL FORM TO: US DOE, M-5, FEDERAL BUILDING, PO BOX 2001, OAK RIDGE, TN 37831**  
**OR FAX FORM TO: 865-574-1939**

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & no nuclear safety, health, environmental and other concerns relating to DOE programs. Your assistance in notifying us about such concerns is essential to the success of these programs. However, to give your employer an opportunity to respond to your concern, you should first report it to your supervisor. Contractor employees are also requested to first use your own organization's established Employee Concern or Complaint Reporting Procedure; if no resolution can be made, if you fear reprisal, or if you want to request confidentiality, you may use the DOE ECMS.

Please fill out this form as completely as possible and mail it to the address shown above, or call the 24-hour Hotline number. If you call, please be prepared to provide the same information as requested on this form. Your name will be kept confidential if you request. If you choose to remain ANONYMOUS, please insert any 3 letters of the alphabet below the signature line, so you can check its status later, and record the date and the 3 letters separately for your reference. After reporting a concern, you may check on its status by calling during normal working hours at 865-576-4988. Your report must not contain any classified information. Thank you for your cooperation.

Please fill in appropriate spaces and check ALL items below which apply to your concern.

**THIS CONCERN IS:** \_\_\_ Immediate \_\_\_ Recurring \_\_\_ Unique

**DOES THE CONDITION IMMEDIATELY THREATEN DEATH OR SERIOUS HARM?** \_\_\_ Yes \_\_\_ No

**NATURE OF CONCERN:** (Check all that apply)

\_\_\_ Violation \_\_\_ Willful \_\_\_ Price-Anderson Violation \_\_\_ Industrial Safety Hazard \_\_\_ Health Hazard  
\_\_\_ Environmental Concern \_\_\_ Nuclear or Radiation Concern \_\_\_ Construction \_\_\_ Other (specify:)

**EXACT LOCATION OF CONCERN:** \_\_\_\_\_

**SUPERVISOR IN CHARGE OF WORK:** \_\_\_\_\_ **SUPERVISOR'S PHONE NO.** \_\_\_\_\_

**WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT REMAINS UNSOLVED?**

\_\_\_ Loss of life or injury \_\_\_ Personnel Health Hazard \_\_\_ Damage or loss of facilities or equipment  
\_\_\_ Damage to the Environment \_\_\_ Other(specify:)

**WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTED THIS CONCERN?**

\_\_\_ Immediate Supervisor \_\_\_ Union/Mgt. Grievance \_\_\_ DOE \_\_\_ IG \_\_\_ Nowhere \_\_\_ Other (specify) \_\_\_\_\_ When? \_\_\_\_\_  
(mo./day/yr.)

**WHAT EFFORTS WERE MADE TO CORRECT IT?** \_\_\_\_\_

**WHO IS YOUR EMPLOYER?** (Name of company)

\_\_\_ DOE \_\_\_ Contractor (specify: ) \_\_\_\_\_ Other (specify: ) \_\_\_\_\_  
If this is your former employer, check here \_\_\_\_\_

**IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE YOUR POSITION AND THE NAME AND ADDRESS OF YOUR ORGANIZATION:** \_\_\_\_\_

(Continue on Reverse Side)  
ORO F 440.1-5  
Revised (10/00)

**DO WANT MY NAME**  
**DATE** \_\_\_\_\_  
remain anonymous; enter

**I DO NOT WANT MY NAME DISCLOSED**      **I DO WANT MY NAME DISCLOSED**

DATE: \_\_\_\_\_

**YOUR 3 LETTER CODE** \_\_\_\_\_ (include if you wish to **remain anonymous**; enter any 3 letters to identify yourself and keep a separate note of them for yourself; see instructions on reverse)

**YOUR JOB TITLE:**

**YOUR DIVISION, DEPT. OR WORK GROUP:**

**YOUR WORK MAILING ADDRESS:**

CITY, STATE, ZIP:

**YOUR TELEPHONE NUMBER (work):**

**BEST DAYS AND TIMES TO CALL:**

as possible. Answer any of the following questions you think are important. What kind of work is being performed there? Have injuries, illnesses, property damage, or waste releases occurred (what, when, and how often)? How many people are there? What do you believe really caused the problem, and what actions can be taken to prevent it from happening again? What laws, rules, or standards apply to this site and used when needed? Is the condition a violation of a DOE, OSHA, EPA, or other area of concern? What other people may be contacted regarding your concerns?

Describe your concern as fully and explicitly as possible. Answer any of the following questions you think are important. What is the unsafe or unhealthful condition or practice and how often does it occur? What kind of work is being performed there? Have injuries, illnesses, property damage accidents, exposures, incidents, near-misses, or nonpermitted environmental (air, water, waste) releases occurred (what, when, and how often)? How many people are exposed to the condition and how often? How close do people work to the hazard? Include what you believe really caused the problem, and what actions can be taken to both correct it and prevent a recurrence. Is personal protective safety equipment available and used when needed? Is the condition a violation of a DOE, OSHA, EPA, State, contractor, or other requirement (Be specific)? What is your role with regard to the area of concern? What other people may be contacted regarding your concern? Are other serious hazards present? (Attach additional sheets to form if necessary.)

THE UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS

DATE

BY

REMARKS

NO.

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

2029

2030

2031

2032

2033

2034

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

2051

2052

2053

2054

2055

2056

2057

2058

2059

2060

2061

2062

2063

2064

2065

2066

2067

2068

2069

2070

2071

2072

2073

2074

2075

2076

2077

2078

2079

2080

2081

2082

2083

2084

2085

2086

2087

2088

2089

2090

2091

2092

2093

2094

2095

2096

2097

2098

2099

2100

2101

2102

2103

2104

2105

2106

2107

2108

2109

2110

2111

2112

2113

2114

2115

2116

2117

2118

2119

2120

2121

2122

2123

2124

2125

2126

2127

2128

2129

2130

2131

2132

2133

2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

2144

2145

2146

2147

2148

2149

2150

2151

2152

2153

2154

2155

2156

2157

2158

2159

2160

2161

2162

2163

2164

2165

2166

2167

2168

2169

2170

2171

2172

2173

2174

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188

2189

2190

2191

2192

2193

2194

2195

2196

2197

2198

2199

2200

2201

2202

2203

2204

2205

2206

2207

2208

2209

2210

2211

2212

2213

2214

2215

2216

2217

2218

2219

2220

2221

2222

2223

2224

2225

2226

2227

2228

2229

2230

2231

2232

2233

2234

2235

2236

2237

2238

2239

2240

2241

2242

2243

2244

2245

2246

2247

2248

2249

2250

2251

2252

2253

2254

2255

2256

2257

2258

2259

2260

2261

2262

2263

2264

2265

2266

2267

2268

2269

2270

2271

2272

2273

2274

2275

2276

2277

2278

2279

2280

2281

2282

2283

2284

2285

2286

2287

2288

2289

2290

2291

2292

2293

2294

2295

2296

2297

2298

2299

2300

2301

2302

2303

2304

2305

2306

2307

2308

2309

2310

2311

2312

2313

2314

2315

2316

2317

2318

2319

2320

2321

2322

2323

2324

2325

2326

2327

2328

2329

2330

2331

2332

2333

2334

2335

2336

2337

2338

2339

2340

2341

2342

2343

2344

2345

2346

2347

2348

234